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Image of the Month

An infrequent cause of abdominal pain following a colonoscopy

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Spain an 82-year-old female presented with abdominal pain Amoxicillin-Clavulanate two days after undergoing a colonoscopy. Her past medical history was remarkable for atrial fibrillation on oral anticoagulation and hypertension. She discontinued Acenocumarol 5 days prior to the endoscopy and received low-molecular-weight heparin (LMWH) as bridging therapy (last dose 24 h before the procedure). During colonoscopy, 7 small sessile polyps were removed by cold snare polypectomy. Anticoagulation (LMWH and Acenocumarol) was restarted 24 h later. 48 h following colonoscopy she developed diffuse abdominal pain, nausea and vomiting, without rectal bleeding, guarding or rebound tenderness. A computed tomography (CT) ruled out colon perforation, and empirical therapy with Amoxicillin–Clavulanate was started. However, pain worsened and acute phase reactants increased, so a CT-angiography was requested, revealing a partial occlusion of the superior mesenteric artery (probably embolic) with no signs of advanced bowel ischemia (Fig. 1 Panels A and B). A conservative approach with anticoagulation, nothing per mouth, intravenous fluids and broad-spectrum antibiotics was adopted. Clinical situation improved, and she was discharged 10 days later. A CT performed 3 months later, showed an almost complete resolution of the occlusion.

Abdominal discomfort is common following a colonoscopy owing to air insufflation. However, abdominal pain usually represents complications, being postpolypectomy syndrome or perforation the most frequent. Rarer etiologies may present depending on the patients' features: arterial embolisms, appendicitis or splenic rupture [1].

Conflict of interest

None declared.

References

[1] Sethi A, Song LM. Adverse events related to colonic endoscopic mucosal resection and polypectomy. Gastrointest Endosc Clin N Am 2015;25(January (1)):55–69.

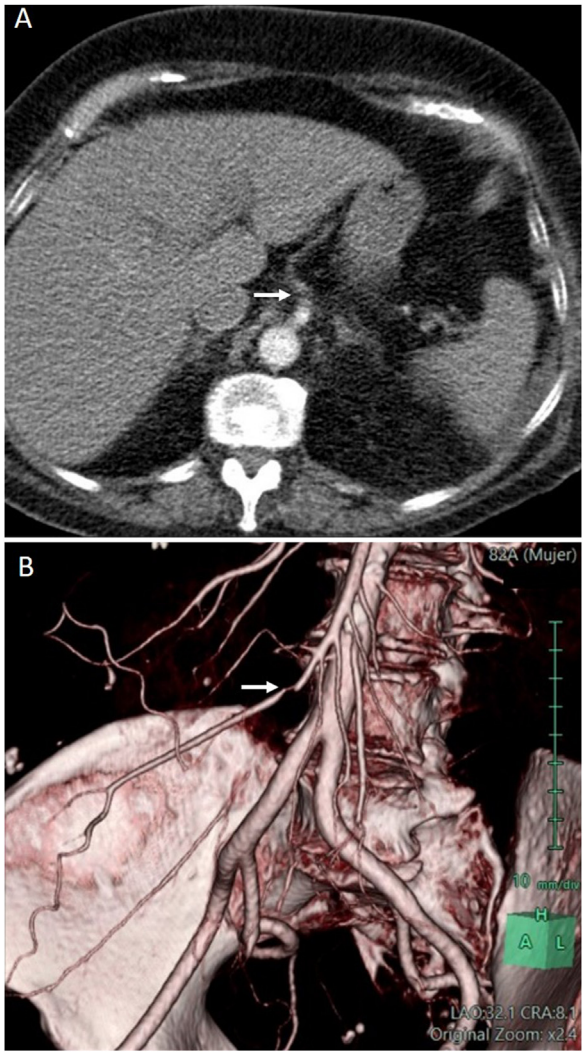

Fig. 1. Panel A. CT angiography. Axial cut showing a filling defect in superior mesenteric artery (SMA) in the origin of ileocolic artery (arrow). Panel B. CT angiography. Three-dimensional reconstruction showing a filling defect in SMA (arrow) suggesting arterial embolus.

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